

#10  
R3  
6-27-00

OK to Enter



Please type a plus sign (+) inside this box



PTO/SB/82(11-96)

Approved for use through 6/30/99. OMB 0651-0035

Patent and Trademark Office; U. S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



**REVOCATION OF POWER OF  
ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	09/212,857
Filing Date	12/17/98
First Named Inventor	Eduardo J. MOURA et al.
Group Art Unit	2732
Examiner Name	S. Hom
Attorney Docket Number	10.018.041.A

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

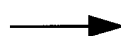
☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

Customer Number

OR



Place Customer  
Number Bar Code  
Label here

☐ Firm or  
Individual Name

Address

Address

City

Country

State

ZIP

Telephone

Fax

I am the:

☐ Applicant.

☒ Assignee of record of the entire interest  
Certificate under 37 CFR 3.73(b) is enclosed

**SIGNATURE of Applicant or Assignee of Record**

Name

Frederick Enns, Vice President

Signature

Date

June 9, 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → ☐

PTO/SB/81(11-96)  
Approved for use through 6/30/99. OMB 0651-0035  
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT,  
NOT ACCOMPANYING  
APPLICATION**

Application Number	09/212,857
Filing Date	12/17/98
First Named Inventor	Eduardo J. MOURA et al.
Group Art Unit	2732
Examiner Name	S. Hom
Attorney Docket Number	10.018.041.A

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Name	Registration Number
Lawrence Harbin	27,644
Jerome Jackson	33,186
Eugene M. Lee	32,039
Bradford E. Kile	25,223

Place Customer  
Number Bar Code  
Label here

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Kile McIntyre Harbin & Lee, LLP		
Address	The Evening Star Building		
Address	1101 Pennsylvania Avenue, N.W., 8th Floor		
City	Washington, D.C.	State	ZIP 20004
Country	USA		
Telephone	202-639-1260	Fax	202-639-1299

I am the:

☐ Applicant.

☒ Assignee of record of the entire interest  
Certificate under 37 CFR 3.73(b) is enclosed

**SIGNATURE of Applicant or Assignee of Record**

Name	Frederick Enns, Vice President
Signature	<i>Frederick Enns</i>
Date	June 9, 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.